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Image# 202006199240012996

FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For Otl	ner Than An Aut	horized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE C	OR PRINT ▼	Example: If ty over the lines		12FE4M5		
WOMEN SPEAK	OUT PAC						1
ADDRESS (number and str		Shirlington Rd					
▼ Check if differen		1200					
than previously reported. (ACC)	Arlin	gton			VA _	22206	
2. FEC IDENTIFICATION	ON NUMBER	▼ CI1	Y 🛦		STATE A	ZIP CODE 4	
C C00530766			S THIS REPORT	NEW (N) OR	AME (A)	ENDED	
4. TYPE OF REPOR (Choose One)	(5)	Report Due On:	20 (M2)	May 20 (M5)		(Non- Year	/ 20 (M11) -Election Only) c 20 (M12)
(a) Quarterly Reports	:		20 (M3) <b>x</b> 20 (M4)	Jun 20 (M6) Jul 20 (M7)		(Non- Year	-Election Only)
April 15 Quarterly Re	port (Q1)						
July 15 Quarterly Re	'	PRE-Election Report for the:	Primary (** Conventio		General (1		off (12R)
October 15 Quarterly Re	port (Q3)	rioport for the.	<u> </u>				
January 31 Year-End Re	port (YE)	Election	on on	/ D D /	Y   Y   Y   Y   Y	in the State of	
July 31 Mid- Report (Non Year Only) (	election MY)	d) 30-Day  POST-Election  Report for the:	General (	30G)	Runoff (30	PR) Spec	cial (30S)
Termination (TER)	Report	Electic	on on	/ D = D /	Y   Y   Y   Y   Y	in the State of	
5. Covering Period	05	01 / Y Y Y Y 2020	through	h 05	31_	2020	
I certify that I have exam			my knowledge an	nd belief it is tru	ue, correct and	complete.	
Type or Print Name of Tr		s, Jennifer, , ,					
Signature of Treasurer	Gross, Jennife	<b>7</b> , , ,	[Electronic	cally Filed]	Date 06		20
NOTE: Submission of false	, erroneous, or	incomplete informatio	n may subject the p	person signing t	nis Report to the	e penalties of 52 U.S.	C. § 30109
Office Use Only						FEC FORM 3 Rev. 05/2016	3X

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

		FEC Form 3X (Rev. 05/2016)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
		or Type Committee Name		
_\	NOI	MEN SPEAK OUT PAC		
R	leport	Covering the Period: From:	05	05 31 2020
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a)	Cash on Hand January 1, 2020		1080829.04
	(b)	Cash on Hand at Beginning of Reporting Period	3110585.41	
	(c)	Total Receipts (from Line 19)	650978.22	2784872.99
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3761563.63	3865702.03
7.	Tota	al Disbursements (from Line 31)	89866.86	194005.26
8.	Rep	orthon Hand at Close of porting Period otract Line 7 from Line 6(d))	3671696.77	3671696.77
9.	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on edule C and/or Schedule D)	0.00	
10.	the	ots and Obligations Owed <b>BY</b> Committee (Itemize all on edule C and/or Schedule D)	126831.22	
	]	This committee has qualified as a mult	icandidate committee. (see FEC FORM 1M)	
			For further information contact:	
			Federal Election Commission 999 E Street, NW Washington, DC 20463	
			Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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V١	v Un	∕I⊏IN	SE	AN	$\mathbf{v}$		$\vdash$	U

I. Receipts  atributions (other than loans) From: Individuals/Persons Other	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	650650.00	2779931.00
(ii) Unitemized	328.22	4941.99
Lines 11(a)(i) and (ii)	650978.22	2784872.99
Political Party Committees	0.00	0.00
(such as PACs)	0.00	0.00
11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	650978.22	2784872.99
nsfers From Affiliated/Other ty Committees	0.00	0.00
Loans Received	0.00	0.00
n Repayments Received	0.00	0.00
funds, Rebates, etc.) rry Totals to Line 37, page 5)	0.00	0.00
Federal Candidates and Other		
er Federal Receipts	0.00	0.00
nsfers from Non-Federal and Levin Funds	0.00	0.00
(from Schedule H3)	0.00	0.00
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	0.00
t L I S f I L	Political Party Committees	(iii) TOTAL (add Lines 11(a)(ii) and (iii)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21.	Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating	4 4	4 4
	Expenditures	81306.15	124624.51
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	81306.15	124624.51
2.	Transfers to Affiliated/Other Party	01000.10	
	Committees	0.00	0.00
	Federal Candidates/Committees and Other Political Committees	0.00	0.00
4.	Independent Expenditures	0500.74	
5.	(use Schedule E)	8560.71	64380.75
	(use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
	Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))	0.00	0.00
9.	Other Disbursements (Including	7 7 7	7 7 7
	Non-Federal Donations)	0.00	5000.00
Э.	Federal Election Activity (52 U.S.C. § 30101(2	0))	
	(a) Allocated Federal Election Activity	"	
	(from Schedule H6)		
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid	4	4 4 4
	Entirely With Federal Funds	0.00	0.00
	Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
١.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	89866.86	194005.26
2.	Total Federal Disbursements	4 4	4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	89866.86	194005.26

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5 **COLUMN A** COLUMN B III. Net Contributions/ **Total This Period** Calendar Year-to-Date **Operating Expenditures** 33. Total Contributions (other than loans) 650978.22 2784872.99 (from Line 11(d), page 3) ..... 34. Total Contribution Refunds 0.00 0.00 (from Line 28(d))..... 35. Net Contributions (other than loans) 2784872.99 650978.22 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 81306.15 124624.51 (add Line 21(a)(i) and Line 21(b)) .......▶ 37. Offsets to Operating Expenditures 0.00 0.00 (from Line 15, page 3)..... 38. Net Operating Expenditures 81306.15 124624.51 (subtract Line 37 from Line 36) ......

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	:	PAGE		6	OF		27	
(ch	(check only one)								
X	11a	11b		11c		12			
	13	14		15		16			17

	and Statements may not be sold or used by any persong the name and address of any political committee to	
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		
Full Name of Individual (Last, First, Midd Barrosse, Ellen, , , Mailing Address 1215 Barley Mill Road	dle Initial) or Full Organization Name	Date of Receipt
		05 07 2020
City Wilmington	State	Transaction ID : SA11AI.16841
	DL 19607-2225	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	150000.00	
Name of Employer (for Individual)  Synchrogenix Information Strategies	Memo Item	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 150000.00	
Full Name of Individual (Last, First, Midd Conger, Bryant, , , Mailing Address 18215 SE 23rd Street	dle Initial) or Full Organization Name	Date of Receipt
		05 20 2020
City	State	Transaction ID : SA11AI.16847
Vancouver	WA   98683-1848	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer (for Individual) Susan B. Anthony List	Occupation (for Individual) Development	Memo Item
Receipt For:  Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name of Individual (Last, First, Midd Dobrzenski, Frank, , ,	dle Initial) or Full Organization Name	Date of Receipt
Mailing Address 5304 Sapphire Springs	Drive	05 01 2020
City	State Zip Code NC 27545-7585	Transaction ID : SA11AI.16838
Knightdale	2/343-/303	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer (for Individual) Expedient Resource Services	Occupation (for Individual) Principal	Memo Item
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General Other (specify)	750.00	
SUBTOTAL of Receipts This Page (option	al)	150650.00
TOTAL This Period (last page this line nu	mber only)	

### SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

						PAGE	7	OF		27	
(check only one)											
		X	11a		11b		11c	12	2		
			13		14		15	16	6		17

Any information copied from such Reports and or for commercial purposes, other than using the	Statements may ne name and add	not be sold or used by any perfers of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			
Full Name of Individual (Last, First, Middle In James, Virginia, , ,  Mailing Address P.O. Box 60	nitial) or Full Orga	anization Name	Date of Receipt  05 18 2020
City	State	Zip Code	Transaction ID : SA11AI.16845
Lambertville	NJ	08530-0060	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	500000.00		
Name of Employer (for Individual) Self-Employed	Memo Item		
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼ 500000.00	
Full Name of Individual (Last, First, Middle In Mailing Address	nitial) or Full Orga	anization Name	Date of Receipt
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		, another the Later receipt this renou
Name of Employer (for Individual)	Occup	ation (for Individual)	Memo Item
Receipt For:  Primary General  Other (specify) ▼	Aggregate Ye	ear-to-Date ▼	
Full Name of Individual (Last, First, Middle I	nitial) or Full Orga	anization Name	Date of Receipt
Mailing Address			M = M / D = D / Y = Y = Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		
Name of Employer (for Individual)	Occupa	ation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Ye	ear-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		•	500000.00
TOTAL This Period (last page this line numbe	r only)		650650.00

### S П

SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 8 OF 27				
ITEMIZED DISBURSEMENTS		parate schedule(s) category of the	(oricon oring	<i>'</i> — <i>'</i> —				
		Summary Page	<b>X</b> 21b 28a		23 26 27 29 30b			
Any information copied from such Reports and Stat	ements may	not be sold or us						
or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)								
A. All Seasons Strategies, LLC				Date of Disb	ursement			
Mailing Address P.O. Box 3521				05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	State Zip Code			er N. I			
Spokane	WA	99202		FEC Identification	ation Number			
Purpose of Disbursement Travel								
Candidate Name					tion ID : SB21B.16826			
_ 3			Category/ Type	Amount of Ea	ach Disbursement this Period			
Office Sought: House Disburs	ement For:		···		961.35			
Senate	Primary	General			,			
State: President State:	Other (spe	ecity) 🔻		Memo Ite	em			
Full Name (Last, First, Middle Initial)								
B. Anedot, Inc				Date of Disb	ursement			
				M - M /	D D / Y Y Y Y			
Mailing Address 1340 Poydras Street Suite 1770	State Zin Code			05	05 2020			
City New Orleans	State LA	Zip Code 70112		FEC Identification	ation Number			
Purpose of Disbursement		70112		С				
Credit Card Processing Fee		Category/ Type			Transaction ID : SB21B.16818			
Candidate Name					Amount of Each Disbursement this Period 23.55			
Office Sought: House Disburs	ement For:							
Senate	Primary	General		4- 4- 4-				
President	Other (spe	ecify)		Memo Ite	em			
State: District:								
Full Name (Last, First, Middle Initial)  C. Anedot, Inc				Date of Disb	ursement			
				M = M /	D D / Y Y Y Y			
Mailing Address 1340 Poydras Street				05	08 2020			
Suite 1770 City	State	Zip Code		EEC Identifie	ation Number			
New Orleans	LA	70112			ation Number			
Purpose of Disbursement Credit Card Processing Fee								
Candidate Name			Category/		tion ID : SB21B.16819 ach Disbursement this Period			
			Type	, intount of Le	25 Disparsonioni uno i criod			
	ement For:				0.57			
Senate President	Other (spe	General						
State: District:	_ Cirioi (spe	Jony) ▼		Memo Ite	em			
SUBTOTAL of Disbursements This Page (optional)					985.47			
TOTAL This Period (last page this line number on	\v)							
TOTAL This Period (last page this line number on	у)							

### S П

Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  State  State  Zip Code 70112  FEC Identification Number  C Category/ Type  FEC Identification Number  C Transaction ID: SB21B.16827  Amount of Each Disbursement this Period  Memo Item	SCHEDULE B (FEC Form 3X)			FOR LINE	E NUMBER: PAGE 9 OF 27			
Detailed Summary Page   28   28   28   28   30   30   30   30   30   30   30   3	ITEMIZED DISBURSEMENTS							
Any information copied from such Reports and Statements may not be seld or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Fill )  Name (Last, First, Middle Initial)  A Anedot, Inc  Mailing Address 1340 Poydras Street  Suite 1770  Office Sought House Primary General Disbursement For:  17.13  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street State Typ Code New Orleans First, Middle Initial)  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City								
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Paul)  WOMEN SPEAK OUT PAC  Full Name (Last, First, Middle Initial)  A. Anedot, Inc  Mailing Address 1340 Poydras Street Sule 1770  City New Orleans Purpose of Disbursement State:  Disfort:  Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Sule 1770  City City New Orleans State:  Disfort:  Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Sule 1770  City New Orleans Furpose of Disbursement Credit Card Processing Fee Candidate Name  Clark Transaction to: S8218.16827 Amount of Each Disbursement Credit Card Processing Fee Candidate Name  Clark Transaction to: S8218.16827 Amount of Each Disbursement Credit Card Processing Fee Candidate Name  Disfort:  Full Name (Last, First, Middle Initial) Credit Card Processing Fee Candidate Name  Disbursement For:  Type  Diffice Sought:  Full Name (Last, First, Middle Initial)  Check Cast Card Cast Cast Cast Cast Cast Cast Cast Cast	Any information conicd from such Deports and State	monto mov	not be cold or up					
WOMEN SPEAK OUT PAC  Full Name (Last, First, Middle Initial)  A. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: House Prisident Disbursement For: Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  State: District: Full Name (Last, First, Middle Initial)  State: District: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Full Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Suite 1770  City State: District: Fill Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Size of Disbursement Type  Office Sought: House Disbursement For: Size of Disbursement For: Fill Name (Last, First, Middle Initial)  Category' Type  Office Sought: House Disbursement For: Senate Primary General Primary General Memo Item  Substortal of Disbursement Ins Period  Memo Item  Substortal of Disbursement Ins Period  Memo Item  Substortal of Disbursement Ins Period  Memo Item  Substortal Disbursement Ins Period  Memo Item  Memo								
Full Name (Last, First, Middle Initial)  A. Anedot, Inc  Mailing Address 1340 Poydras Street Surie 1770  City New Orleans Purpose of Disbursement Credit Card Pricessing Fee Candidate Name Office Sought:   House   Disbursement For:   State   District:   Prisadent   Disbursement   Disburseme								
A Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans President Senate Primary General Purpose of Disbursement State: District:  Full Name (Last, First, Middle Initial)  Mailing Address 1340 Poydras Street Suite 1770  City Senate Primary General	/							
Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought:					Data of Diabur	aamant		
Mailing Address 1340 Poydras Street Sulte 1770 City City City City City City City City	A. Anedot, Inc							
New Orleans   Suite   President   Suite   Transaction ID : SB21B.16825   Amount of Each Disbursement this Period								
Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: House Senate Primary General State: District:  Full Name (Last, First, Middle Initial)  B. Analot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: House Disbursement Credit Card Processing Fee Candidate Name  Office Sought: Disbursement State: District:  Full Name (Last, First, Middle Initial)  C. Analot, Inc  Disbursement  Transaction ID: S8218.16827 Amount of Each Disbursement Category/Type  Transaction ID: S8218.16827 Amount of Each Disbursement this Period  Transaction ID: S8218.16827 Amount of Each Disbursement this Period  Transaction ID: S8218.16827 Amount of Each Disbursement this Period  Transaction ID: S8218.16827 Amount of Each Disbursement this Period  Transaction ID: S8218.16827 Transaction ID: S8218.16827 Amount of Each Disbursement  Category/Type  Office Sought: House Disbursement  Transaction ID: S8218.16827 Transaction ID: S8218.16827 Transaction ID: S8218.16827 Amount of Each Disbursement  Transaction ID: S8218.16827 Transaction ID: S8218.1682 Transact	•	'			FEC Identification Number			
Criedic Card Processing Fee  Candidate Name  Category/ Type  Office Sought:		LA	70112					
Cardidate Name  Office Sought: House Senate Primary General Primary House State: District:  Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans LA 70112  Purpose of Disbursement For: Senate Primary General State: District:  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans LA 70112  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans LA 70112  Purpose of Disbursement For: General Primary General Prim								
Office Sought: House Senate President For: Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans LA 70112  Purpose of Disbursement Credit Card Processing Fee Candidate Name  Category/ Other (specify)  Full Name (Last, First, Middle Initial)  Date of Disbursement Tor: Category/ Type  Transaction ID: SB218.16827  Amount of Each Disbursement this Period  Transaction ID: SB218.16827  Amount of Each Disbursement Tor: District: District: District: Category/ Type  Date of Disbursement Tor: Category/ Type  Date of Disbursement Tor: District: Di	Candidate Name			Category/				
Senate Primary General Other (specify) ▼    Memo Item   Memo Item								
State: District: Other (specify) ▼    Memo Item						18.56		
State: District: Full Name (Last, First, Middle Initial)  B. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Disbursement For: Senate President State: District:  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Suite 1770  City New Orleans Purpose of Disbursement Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought:  Memo Item  Date of Disbursement Number  FEC Identification Number  Category/ Type  Date of Disbursement this Period  Date of Disbursement  Date of Disbursem		_						
B. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Office Sought: President State: District: Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Primary Other (specify)  State  District:  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought:  Memo Item  FEC Identification Number  Category/ Type  17.13  Date of Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  Transaction ID: SB21B.16827  Amount of Each Disbursement  Cother (specify)  FEC Identification Number  FEC Identification Number  Category/ Type  Office Sought:  Office Sought:  Office Sought:  FEC Identification Number  Category/ Type  Office Sought:  FEC Identification Number  Category/ Type  Office Sought:  Memo Item  Subtrotal of Disbursement this Period  Memo Item  Subtrotal of Disbursements This Page (optional)		oution (ope	,ony) <b>v</b>		Memo Iten	n		
Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Disbursement For: Senate Primary Other (specify)  State  Category/ Type  Date of Disbursement  FEC Identification Number  Category/ Amount of Each Disbursement  Date of Disbursement  FEC Identification Number  Category/ Type  FEC Identification Number  Category/ Transaction ID: SB21B.16828 Amount of Each Disbursement this Period  FEC Identification Number  Category/ Type  Office Sought:  House Disbursement For: Senate Primary General Other (specify)  Office Sought: Disbursement For: Senate Primary General Other (specify)  Memo Item  Subtrotal of Disbursement This Page (optional)	Full Name (Last, First, Middle Initial)							
Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Disbursement For: Senate Primary Other (specify)  State Suite 1770  City Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Disbursement Credit Card Processing Fee Candidate Name  District:  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Disbursement Credit Card Processing Fee Candidate Name  Disbursement For: Senate Primary General Other (specify)  Memo Item  Substitut:  Substitut:  Substitut:  Memo Item  Substitut:  Memo Item  Substitut:  Substitut:  Substitut:  Substitut:  State:  Disbursements This Page (optional)	B. Anedot, Inc							
City New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Category/ Office Sought: House   Disbursement For:   Senate   Primary   General   President State: District:   Date of Disbursement For:   17.13  City New Orleans   State   Disbursement For:   17.13  City New Orleans   State   Disbursement For:   17.13  City New Orleans   State   Disbursement For:   17.13  Date of Disbursement  Category/ District:   Date of Disbursement  City New Orleans   State   Zip Code   LA   70112  Purpose of Disbursement Credit Card Processing Fee Candidate Name   Category/ Type   Disbursement For:   0.63  Senate   Primary   General   Other (specify) ▼								
New Orleans Purpose of Disbursement Credit Card Processing Fee Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought: House Disbursement For: Category/ Type  Date of Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  Subtrotal of Disbursements This Page (optional)		State	Zip Code		EEC Identificat	ion Numbor		
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Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C. Anedot, Inc  Mailing Address 1340 Poydras Street Suite 1770  City State Zip Code New Orleans LA 70112  Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item  State: District:  Substortal of Disbursements This Page (optional)				0-1	Amount of Each Disbursement this Period			
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Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Category/ Type  Office Sought:  House Senate Primary Other (specify)  State:  District:  Subtote  Category/ Type  Other (specify)  M M M M D 26  2020  FEC Identification Number  Category/ Transaction ID: SB21B.1682€  Amount of Each Disbursement this Period  Memo Item  Subtote  Subtotal Other (specify)  Memo Item								
Mailing Address 1340 Poydras Street Suite 1770  City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Category/ Type  Office Sought: House President President State: District:	C. Anedot, Inc							
City New Orleans Purpose of Disbursement Credit Card Processing Fee  Candidate Name  Category/ Type  Office Sought: House Senate Primary General President State: District:  Substitute In State Zip Code LA 70112  FEC Identification Number  Category/ Transaction ID: SB21B.16828  Amount of Each Disbursement this Period  Memo Item  36.32	•				1			
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SCHEDULE B (FEC Form 3X)			FOR LIN	NUMBER: PAGE 10 OF 27				
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check or					
		Summary Page	211			26 27 29 30b		
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NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
Full Name (Last, First, Middle Initial)				Data	f Diahuraan	ant		
A. Anedot, Inc				Date	f Disbursen			
Mailing Address 1340 Poydras Street Suite 1770				05	05 27 2020			
	State	Zip Code		EEC I	dentification	Number		
New Orleans	LA	70112			entineation	Number		
Purpose of Disbursement Credit Card Processing Fee				C				
Candidate Name	Category/					D: SB21B.16829 Disbursement this Period		
			Type	7.111001				
Office Sought: House Disbursen					-	5.91		
Senate President	Primary Other (spec	General						
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Full Name (Last, First, Middle Initial)								
B. Anedot, Inc				Date o	of Disbursen			
Mailing Address 1340 Poydras Street Suite 1770			05 28 2020					
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New Orleans Purpose of Disbursement	LA	70112		С				
Credit Card Processing Fee	Category/ Type							
Candidate Name				Transaction ID : SB21B.16830 Amount of Each Disbursement this Period				
Office Sought: House Disbursen	nent For:				1-45-1	6.35		
	Primary General							
State: President District:	Other (spec	city)		Me	emo Item			
Full Name (Last, First, Middle Initial)								
C. Anedot, Inc				Date of	f Disbursen			
Mailing Address 1340 Poydras Street				05	29	2020		
Suite 1770 City	State	Zip Code						
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Credit Card Processing Fee Candidate Name			Category/	Tr		D: SB21B.16832 Disbursement this Period		
Office Sought: House Disbursen	nont For:		Туре			1.83		
Senate Disbursen	Primary	General				1.00		
President	Other (spec			NA.	emo Item			
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SUBTOTAL of Disbursements This Page (optional)					1.75.1	14.09		
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SCHEDULE B (FEC Form 3X)	He-		FOR LINE	NUMBER:	_	PAGE 11 OF 27
ITEMIZED DISBURSEMENTS		rate schedule(s) category of the	(check only		7.00 <u> </u>	
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NAME OF COMMITTEE (In Full)						
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Full Name (Last, First, Middle Initial)				Date of Di	oburoomor	nt
A. Anedot, Inc				Date of Di	Spursemer	/
Mailing Address 1340 Poydras Street				05	31	2020
Suite 1770	Ptoto.	Zin Codo				
City New Orleans	State LA	Zip Code 70112		FEC Ident	fication Nu	ımber
Purpose of Disbursement				С		
Credit Card Processing Fee			action ID :	SB21B.16833		
Candidate Name			Category/ Type	Amount of	Each Disk	oursement this Period
Office Sought: House Disburser	nent For:		iype			13.42
Senate						7
President  State: District:	Other (spec	cify) 🔻		Memo	Item	
Full Name (Last, First, Middle Initial)						
B. Chain Bridge Bank				Date of Di	sbursemer	nt
				M M /	D D	/ Y Y Y Y Y
Mailing Address 1445 McLaughlin Ave		_		05	04	2020
•	State VA	Zip Code 22101		FEC Ident	fication Nu	ımber
McLean Purpose of Disbursement	VA	22101		C		
Bank Fee					action ID :	SB21B.16817
Candidate Name			Category/			oursement this Period
Office Sought: House Disbursen	nent For		Туре			94.94
Senate	Primary	General				7
	Other (spec	cify)		Memo	Item	
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Full Name (Last, First, Middle Initial)  C. Chain Bridge Bank				Date of Di	sbursemer	nt
- Chair Bridge Barik				M M /	D D	/ Y Y Y Y Y
Mailing Address 1445 McLaughlin Ave				05	20	2020
,	State	Zip Code		FEC Ident	fication Nu	umber
McLean Purpose of Disbursement	VA	22101				
Bank fee				C	estica ID	CD24D 40004
Candidate Name			Category/ Type			s SB21B.16824 bursement this Period
Office Sought: House Disburser	nent For:		.,,,,			40.00
Senate	Primary	General			-	7
State: President District:	Other (spec	cify) 🔻		Memo	Item	
State. District.						
SUBTOTAL of Disbursements This Page (optional)						148.36
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TOTAL This Period (last page this line number only)				1		

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SCHEDULE B (FEC Form 3X)			FOR LIN	E NUMBER:		PAGE 12	OF 27
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		Summary Page	211		23 28c	26 27 29 30b	
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NAME OF COMMITTEE (In Full)							
WOMEN SPEAK OUT PAC							
Full Name (Last, First, Middle Initial)							
<b>A.</b> i360				Date of I	Disbursen	nent	
Mailing Address P.O. Box 37046					15		Y
Mailing Address F.O. Box 37040				0.5	13	2020	_
City	State	Zip Code		FEC Ider	ntification	Number	
Baltimore Purpose of Disbursement	MD	MD 21297-3046			C		
Data Subscription Services							
Candidate Name					<b>D : SB21B.16822</b> Disbursement this		
		Category/ Type			n Edon E	Abbardoment tino	Toriod
	ement For:					500.	00
Senate President	Primary Other (sp	General					
State: District:	Other (sp	ecity) 🔻		Mem	o Item		
Full Name (Last, First, Middle Initial)							
B. Jessica, Colon, , ,				Date of I	Disbursem	nent	
Mailing Address 2422				M M	/ D D		Y
Mailing Address 3100 Richmond Avenue Suite 319				05	01	2020	
City Houston	State TX	Zip Code 77098		FEC Ide	ntification	Number	
Purpose of Disbursement	17	77096		C			
Program Consulting Management			: :		saction II	D : SB21B.16814	
Candidate Name			Category/			Disbursement this	Period
Office Sought: House Disburse	ement For:		Type			8000.	.00
Senate	Primary	General					
President	Mem	o Item					
State: District:				IVIOII			
Full Name (Last, First, Middle Initial)				Date of I	Disbursem	nent	
C. Jessica, Colon, , ,				M M	/ D D		V
Mailing Address 3100 Richmond Avenue				05	28		
Suite 319	Ctata	Zin Codo					
City Houston	State TX	Zip Code 77098		FEC Ide	ntification	Number	
Purpose of Disbursement Program Consulting Management	I			C			
Candidate Name					saction I	D : SB21B.16831	l
Candidate Name			Category/ Type	Amount	of Each D	Disbursement this	Period
Office Sought: House Disburse	ement For:		1,700	1   1   1		8000.	.00
Senate	Primary	General			7		
President	Other (sp	ecify) 🔻		Mem	o Item		
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SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 13 OF				GE 13 OF 27	
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NAME OF COMMITTEE (In Full)								
WOMEN SPEAK OUT PAC								
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A. RCH Associates				Dat	e of L	Disburse		
Mailing Address 143 Martin Lane					)5	1:	5	2020
City	State	Zip Code		FEG	den	tificatior	n Number	
Alexandria Purpose of Disbursement	VA	VA 22304						
Political Strategy Consulting								
Candidate Name			0-1	/ Am			ID: SB21	
		Category/ Type				of Each	Disburser	ment this Period
Office Sought: House Disburse	ement For:	I	71					3000.00
Senate	Primary	Primary General				7		
State: District:	Other (sp	ecify) 🔻			Memo	o Item		
State: District:  Full Name (Last, First, Middle Initial)								
B. Susan B Anthony List, Inc.				Dat	e of D	Disburse	ment	
- Susan B Anthony List, Inc.				M	M	/ D		YYY
Mailing Address 2800 Shirlington Rd Ste 1200						0		2020
City	State	Zip Code		FEO	Iden	tification	n Number	
Arlington Purpose of Disbursement	VA	22206			-			
Salary / Director Pay				C				
Candidate Name			Category	/ Am			ID: SB21	IB.16815 ment this Period
			Type		Juni O	Lacii	Disbuisei	Herit tills i eriod
Office Sought: House Disburse	ement For:					-	1 45	48400.00
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C. Susan B Anthony List, Inc.						Disburse		- Y - Y - Y - Y
Mailing Address 2800 Shirlington Rd Ste 1200					)5	1:		2020
City	State	Zip Code			\ ldon	tification	n Number	
Arlington	VA	22206			, iu <del>c</del> ii	uncation	i ivallibel	
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President	Other (sp	ecify) 🔻			Mam	o Item		
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Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Office Sought: House President President State: District:  Full Name (Last, First, Middle Initial)  State  State S
Detailed Summary Page    28a   28b   28c   29   30b
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  WOMEN SPEAK OUT PAC  Full Name (Last, First, Middle Initial)  A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Office Sought: House President Primary General Office Sought: President Other (specify) ▼  Senate President State: District:  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Memo Item  Date of Disbursement  Late Disbursement  Disbursement For:  Senate Primary General  Other (specify) ▼  Memo Item  Date of Disbursement
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (In Full)  WOMEN SPEAK OUT PAC  Full Name (Last, First, Middle Initial)  A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Office Sought: House President State: District:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  State  Zin Code  Memo Item  Memo Item  Mailing Address  City  Mailing Address  State  Zin Code  VA  Zin Code  Zin Code  Memo Item  Date of Disbursement  Memo Item  Mailing Address
WOMEN SPEAK OUT PAC  Full Name (Last, First, Middle Initial)  A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay Candidate Name  Office Sought: House Primary General Office Sought: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  City  Full Name (Last, First, Middle Initial)  Date of Disbursement  Date of Disbursement  Tansaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Date of Disbursement  Transaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement
Full Name (Last, First, Middle Initial)  A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay Candidate Name  Office Sought: House Disbursement For: Senate Primary General Primary General State: District:  Full Name (Last, First, Middle Initial)  B. Mailing Address  Date of Disbursement  FEC Identification Number  Transaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Disbursement  Memo Item  Date of Disbursement  Full Name (Last, First, Middle Initial)  Date of Disbursement
A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay Candidate Name  Candidate Name  Disbursement For: Senate Primary President State: District:  Full Name (Last, First, Middle Initial)  B.  Date of Disbursement  Disbursement  Disbursement For: Senate Primary Other (specify)  Memo Item  Date of Disbursement  Mailing Address  Date of Disbursement  Date of Disbursement  Date of Disbursement  Date of Disbursement  Memo Item  Date of Disbursement
A. Susan B Anthony List, Inc.  Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay Candidate Name  Candidate Name  Disbursement For: Senate Primary President State: District:  Full Name (Last, First, Middle Initial)  B.  Date of Disbursement  Mailing Address  Disbursement  Date of Disbursement  Mailing Address  Date of Disbursement  Date of Disbursement  Mailing Address  Date of Disbursement  Mailing Address  Date of Disbursement  Mailing Address  Date of Disbursement
Mailing Address 2800 Shirlington Rd Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Office Sought:  House President State:  District:  Full Name (Last, First, Middle Initial)  B.  Office Salone State  District:  Full Name (Last, First, Middle Initial)  Mailing Address  Office Salone State  District:  Full Name (Last, First, Middle Initial)  B.  Office Salone State  District:  Full Name (Last, First, Middle Initial)  Date of Disbursement  Mailing Address  State  Zip Code  Category/ Type  Transaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Mailing Address
Ste 1200  City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  B.  State Zip Code 22206  FEC Identification Number  Category/ Type  Transaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Mailing Address  City  State Zip Code
City Arlington Purpose of Disbursement Salary / Directory Pay  Candidate Name  Candidate Name  Office Sought: House Senate Primary General President State: District:  Full Name (Last, First, Middle Initial)  B.  FEC Identification Number  Category/ Type  Transaction ID: SB21B.16834  Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Mailing Address  City  State  Zin Code
Arlington Purpose of Disbursement Salary / Directory Pay Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify)  Full Name (Last, First, Middle Initial)  B.  Mailing Address  Category/ Type  Transaction ID: SB21B.16834 Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Mailing Address
Salary / Directory Pay  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Memo Item  Mailing Address  City  State: Zin Code
Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  B.  Transaction ID: SB21B.16834 Amount of Each Disbursement this Period  Memo Item  Date of Disbursement  Mailing Address  City
Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Mailing Address  City State Zin Code
Senate President Other (specify)  Full Name (Last, First, Middle Initial)  B.  City State  Senate Primary General Other (specify)  Memo Item  Mailing Address  City State  Zin Code
State: District: Memo Item  Full Name (Last, First, Middle Initial)  B. Date of Disbursement  Mailing Address  City State Zin Code
State: District:  Full Name (Last, First, Middle Initial)  B.  Date of Disbursement  Mailing Address  City  State  Zin Code
Full Name (Last, First, Middle Initial)  B.  Date of Disbursement  Mailing Address  City  State  Zin Code
Mailing Address  City State Zin Code
Mailing Address  City State Zin Code
City State Zin Code
City State Zip Code FEC Identification Number
Purpose of Disbursement
Purpose of Disbursement
Candidate Name Category/ Amount of Each Disbursement this Period
Office Sought: House Disbursement For:
Office Sought: House Disbursement For: Senate Primary General
President Other (specify) Memo Item
State: District:
Full Name (Last, First, Middle Initial)  C. Date of Disbursement
Date of Disbursement
Mailing Address
City State Zip Code EEC Identification Number
FEC Identification Number
Purpose of Disbursement
Candidate Name
Category/ Amount of Each Disbursement this Period Type
Office Sought: House Disbursement For:
Senate Primary General  President Other (specify) ▼
President
SUBTOTAL of Disbursements This Page (optional)
TOTAL This Period (last page this line number only)

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 15 OF 27

FOR LINE 13 OF FORM 3X

		Potanou cummary rago   TOTT LINE 15 OF TOTAL SX	
NAME OF COMMITTEE (IN FUII) WOMEN SPEAK OUT PAC		Transaction ID : SC/10.9700	
LOAN SOURCE Full Name (Last, Figure Susan B Anthony List, Inc.	rst, Middle Initial)	N	
Mailing Address 2800 Shirlington Rd Ste 1200		Other (specify) ▼	
City	City State ZIP Code		
Arlington	Arlington VA 22206		
Original Amount of Loan	Cumulative Pay	ment To Date Balance Outstanding at Close of This Period	
77452.55		0.00 77452.55	
TERMS  Date Incurred	Da	ate Due Interest Rate Secured:	
M 11 / 30 / Y 2017 Y	M = M / D = D	11/30/2021 0.00 % (apr) Yes X No	
List All Endorsers or Guarantors (if			
1. Full Name (Last, First, Middle Initia	l)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
2. Full Name (Last, First, Middle Initia		Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
3. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
4. Full Name (Last, First, Middle Initia	1)	Name of Employer	
Mailing Address		Occupation	
City	tate ZIP Code	Amount Guaranteed Outstanding:	
SUBTOTALS This Period This Page (opt	tional)	77452.55	
TOTALS This Period (last page in this lin	ne only)		
Carry outstanding halance only to LINE	3 Schedule D for this	line If no Schedule D. carry forward to appropriate line of Summary	

## SCHEDULE C (FEC Form 3X) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE 16 OF 27

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full) Transaction ID: SC/10.13439 WOMEN SPEAK OUT PAC Election: **LOAN SOURCE** Full Name (Last, First, Middle Initial) Susan B Anthony List, Inc. Memo Item Primary General Mailing Address 2800 Shirlington Rd Other (specify) ▼ Ste 1200 State City ZIP Code 22206 Arlington VA Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 10118.58 10118.58 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 30 11 2018 11/30/2022 0.00 X No % (apr) List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Occupation Mailing Address City State ZIP Code Amount Guaranteed Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City State ZIP Code Amount Guaranteed Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation ZIP Code City State Amount Guaranteed Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation City ZIP Code State Amount Guaranteed Outstanding: SUBTOTALS This Period This Page (optional)..... 10118.58 TOTALS This Period (last page in this line only)..... 87571.13 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**Excluding Loans** 

(Use separate schedule(s) for each numbered line) PAGE 17
FOR LINE NUMBER: (check only one)

9 **X** 10

27

OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Dialer Access** i360 Mailing Address P.O. Box 37046 State Zip Code **Baltimore** MD 21297-3046 Transaction ID: SD10.16920 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 556.60 556.60 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Dialer Access** i360 Mailing Address P.O. Box 37046 City State Zip Code Baltimore 21297-3046 MD Outstanding Balance Beginning This Period Transaction ID: SD10.16921 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 556.60 556.60 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Estimate digital ads Media Bridge Mailing Address 11300 Astarita Ave City State Zip Code 22534 Partlow VA Outstanding Balance Beginning This Period Transaction ID: SD10.15740 2000.00 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 2000.00 0.00 3113.20 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each

FOR LINE NUMBER: (check only one)

PAGE

	9
x	10

OF

27

numbered line) NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Existing Loan owed to SBA Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 State Zip Code Arlington VΑ 22206 Transaction ID: SD10.4157 Outstanding Balance Beginning This Period 10500.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 10500.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Loan for FEC Reporting Services Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.4110 5000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 5000.00 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailings Expense Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.4318 5204.43 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 5204.43 20704.43 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

9 **X** 10

27

19 OF

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Original transactions put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VΑ 22206 Transaction ID: SD10.6625 Outstanding Balance Beginning This Period 8610.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 8610.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Expense put on SBA CC Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 Outstanding Balance Beginning This Period Transaction ID: SD10.6756 4709.73 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 4709.73 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): To post Thrifty Car Rental Expense put on Susan B Anthony List, Inc. SBA Card Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.9222 1894.83 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 1894.83 15214.56 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

**Excluding Loans** 

(Use separate schedule(s) for each numbered line)

PAGE FOR LINE NUMBER: (check only one)

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27

20 OF

**X** 10 NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Supplies Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington VA 22206 Transaction ID: SD10.15960 Outstanding Balance Beginning This Period 200.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 200.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Non-Federal - Travel Susan B Anthony List, Inc. Mailing Address 2800 Shirlington Rd Ste 1200 City State Zip Code Arlington 22206 VA Outstanding Balance Beginning This Period Transaction ID: SD10.15958 27.90 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 27.90 0.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Mailing Address City State Zip Code Outstanding Balance Beginning This Period Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 227.90 1) SUBTOTALS This Period This Page (optional)..... 39260.09 2) TOTALS This Period (last page this line number only)..... 87571.13 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ...... 126831.22 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

TEMIZED INDEPENDENT EXPENDITORES				PAGE 21 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3100 Smoketree Ct.			Amo	
Suite 900		1		
City	State	Zip Code		96.71
Raleigh	NC	27604		nsaction ID : SE.16929 e of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reprtd. as estim. includ. in agg Form 24 filed 5/15/20, this is actual	greg. on	Category/ Type		05 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ght: K House District: 07
HUNT, WESLEY, , ,		Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	96.71	Disburseme 2020	ent For:
Full Name of Payee		☐ Memo	Item Date	e of Public Distribution/Dissemination
Headway Workforce Solutions Inc.				M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3100 Smoketree Ct.				
Suite 900			Amo	bunt
City	State	Zip Code		96.71
Raleigh	NC	27604		nsaction ID : SE.16930 e of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reprtd. as estim. includ. in ag Form 24 filed 5/15/20, this is actual	ggreg. on	Category/ Type		05 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sou	ght: X House District: 07
FLETCHER, ELIZABETH, , ,		<b>x</b> Oppose	Presi	dent Senate State: TX
Calendar Year-To-Date		193.42	Disburseme	ent For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	100.42	2020	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditure			, F	193.42
(a) 30210 M2 of officering an appendix Experience				
(c) TOTAL Independent Expenditures			• •	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized	•		•
Gross, Jennifer, , ,	Electronically Fil	ed1 -	M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	e 06	19 2020

Signature

TEMIZED INDEPENDENT EXPENDITURES				PAGE 22 OF 27
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
THE MEN EN E				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee Headway Workforce Solutions Inc.		☐ Memo	М	Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.				11 2020
Suite 900			Amount	
City	State	Zip Code		967.10
Raleigh	NC	27604		ction ID : SE.16931 Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reprtd. as estim. includ. in age Form 24 filed 5/15/20, this is actual	greg. on	Category/ Type	M	)5 / 11 / 2020
Name of Federal Candidate:		<b>✗</b> Support	Office Sought:	₩ House District: 07
HUNT, WESLEY, , ,		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	1717.12	Disbursement 2020 Oth	For:
Full Name of Payee Headway Workforce Solutions Inc.  Mailing Address 3100 Smoketree Ct.		☐ Memo	М	Public Distribution/Dissemination
Suite 900			Amount	
City	State	Zip Code	— Г	967.10
Raleigh	NC	27604	Transa	oction ID : SE.16932 Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reprtd. as estim. includ. in a Form 24 filed 5/15/20, this is actual	ggreg. on	Category/ Type	М	05 / 11 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Sought:	₩ House District:07
FLETCHER, ELIZABETH, , ,		<b>✗</b> Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	<i>7 7</i>	2684.22	Disbursement 2020 Oth	For:  Primary <b>X</b> General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures	res		<ul><li></li></ul>	1934.20
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gross, Jennifer, , ,	[Electronically Fil	[ed] Date	M M / / / / / / / / / / / / / / / / / /	19 2020

Signature

### SCHEDULE E (FEC Form 3X)

TEMIZED INDEPENDENT EXPENDITURES				PAGE 23 OF 27
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
WOMEN OF LAR OUT LAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Headway Workforce Solutions Inc.		☐ Memo	Item Da	ate of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.				
Suite 900			Ar	nount
City	State	Zip Code		1450.66
Raleigh	NC	27604		ransaction ID : SE.16949 ate of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reported as estimate on Form 5/15/20, this is actual	24 filed	Category/ Type		05 15 2020
Name of Federal Candidate:		<b>✗</b> Support	Office Sc	bught:   House District: 07
HUNT, WESLEY, , ,		Oppose		esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7 7	4134.88	Disburse 2020	ment For:  Primary
Full Name of Payee Headway Workforce Solutions Inc.  Mailing Address		☐ Memo	Item Da	ate of Public Distribution/Dissemination
3100 Smoketree Ct.			Ar	mount
Suite 900 City	State	Zip Code	— Г	1450.66
Raleigh	NC	27604		ransaction ID : SE.16950 ate of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reported as estimate on Fort 5/15/20, this is actual	m 24 filed	Category/ Type		05 15 / Y 2020
Name of Federal Candidate:		Support	Office Sc	ought:
FLETCHER, ELIZABETH, , ,		X Oppose		esident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	1 1 1	5585.54	Disburse 2020	ment For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures			•	2901.32
(b) SUBTOTAL of Unitemized Independent Expenditure	'es		<b>•</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Gross, Jennifer, , ,	Electronically Fil	ed]	M = M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Signature

### SCHEDULE E (FEC Form 3X)

SOUTH OF THE STATE				
TEMIZED INDEPENDENT EXPENDITURES				PAGE 24 OF 27
NAME OF COMMITTEE (In Full)				FOR LINE 24 OF FORM 3X
WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼
Women of Exit oot 170				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Headway Workforce Solutions Inc.		☐ Memo	Item Dat	te of Public Distribution/Dissemination
Mailing Address 3100 Smoketree Ct.				05 21 2020
Suite 900			Am	ount
City	State	Zip Code		882.94
Raleigh	NC	27604		ansaction ID : SE.16916 te of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reported as estimate of \$2,50 actual	0, this is	Category/ Type		05 21 7 2020
Name of Federal Candidate:		<b>X</b> Support	Office Sou	ught: X House District: 22
NEHLS, TROY, , ,		Oppose		sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<b></b>	882.94	Disbursen 2020	
Full Name of Payee Headway Workforce Solutions Inc.  Mailing Address 2400 Straketon Ct		☐ Memo	Item Dat	te of Public Distribution/Dissemination
3100 Smoketree Ct.			Am	ount
Suite 900	To: .	T 7: 0 !		000.04
City Raleigh	State	Zip Code 27604		882.94 ansaction ID : SE.16917
Purpose of Expenditure Canvassing, originally reported as estimate of \$2,5	OO this is	Category/	Dai	te of Disbursement or Obligation    M M
actual	00, 1113 13	Type		05 21 2020
Name of Federal Candidate:		<b>x</b> Support	Office Sou	ught: X House District: 22
WALL, KATHALEEN, , ,		Oppose		sident Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	<u> </u>	1765.88	Disbursen 2020	nent For: Primary General Other (specify) Runoff
(a) SUBTOTAL of Itemized Independent Expenditures			•	1765.88
(b) SUBTOTAL of Unitemized Independent Expenditure	res	······	•	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gross, Jennifer, , ,	Electronically Fil	led] Date	M = M	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

TEMIZED INDEPENDENT EXPENDITORES				PAGE 25 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		
Full Name of Payee		☐ Memo	Item Date	of Public Distribution/Dissemination
Headway Workforce Solutions Inc.				05 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3100 Smoketree Ct.			Amou	int
Suite 900				
City	State	Zip Code		1765.89
Raleigh	NC	27604		saction ID : SE.16965 of Disbursement or Obligation
Purpose of Expenditure Canvassing, originally reported as estimate of \$5,000 actual	0, this is	Category/ Type	] [	05 21 7 2020
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 22
KULKARNI, SRI PRESTON, , ,		<b>x</b> Oppose	Presid	lent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	1765.89	Disburseme	nt For:
Full Name of Payee		<b>X</b> Memo	Item Date	of Public Distribution/Dissemination
i360		-		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046				05 01 2020
1.0. Box 37040			Amou	ınt
City	State	Zip Code	- II :	278.30
Baltimore	MD	21297-3046		saction ID : SE.16957 of Disbursement or Obligation
Purpose of Expenditure Dialer Access, orig. reprtd. as estim. includ. in aggr 24 filed 5/15/20, this is actual	eg. on Form	Category/ Type		05 / 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		<b>x</b> Support	Office Soug	ht: K House District: 07
HUNT, WESLEY, , ,		Oppose	Presid	lent Senate State: TX
Calendar Year-To-Date		471.72	Disburseme	nt For: Primary 🗶 General
Per Election for Office Sought	7-1-1-7-	471.72	2020	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures			· -	1765.89
(b) SUBTOTAL of Unitemized Independent Expenditur	es		· •	
(c) TOTAL Independent Expenditures			•	. , ,
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Gross, Jennifer, , ,	Electronically Fil	ed1 -	M M /	10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		Date	9 06	19 2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 26 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D D / Y Y Y Y
Full Name of Payee		<b>X</b> Memo	Item Date	of Public Distribution/Dissemination
i360				05 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Amou	nt
City	State	Zip Code	$ \Gamma$	278.30
Baltimore	MD	21297-3046		action ID : SE.16960 of Disbursement or Obligation
Purpose of Expenditure Dialer Access, orig. reprtd. as estim. includ. in aggreg 24 filed 5/15/20, this is actual	g. on Form	Category/ Type		05 / 01 / 2020
Name of Federal Candidate:		Support	Office Sough	nt: K House District: 07
FLETCHER, ELIZABETH, , ,		<b>x</b> Oppose	Preside	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	7	750.02	Disbursement 2020 C	nt For:  Primary <b>X</b> General other (specify) ▶
Full Name of Payee		<b>✗</b> Memo	Item Date	of Public Distribution/Dissemination
i360			N N	05 21 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046			Amou	nt
City	State	Zip Code	— г <sup>.</sup>	139.15
Baltimore	MD	21297-3046		saction ID : SE.16938 of Disbursement or Obligation
Purpose of Expenditure Dialer Access, originally reported as estimate of \$18 actual	37.50, this is	Category/ Type		05 21 7 2020
Name of Federal Candidate:		<b>x</b> Support	Office Sough	nt: X House District: 22
NEHLS, TROY, , ,		Oppose	Preside	ent Senate State: TX
Calendar Year-To-Date Per Election for Office Sought	, , ,	1905.03	Disbursemen 2020	ther (specify) ► Runoff
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>.</b>	0.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		<b>.</b>	
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized	•		
Gross, Jennifer, , ,	Electronically Fil	ed]	M M M / 06	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	-	Date	. 00	2020

TEMIZED INDEPENDENT EXPENDITURES				PAGE 27 OF 27 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
WOMEN SPEAK OUT PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		T = M / D = D / Y = Y = Y
Full Name of Payee			Item Date	of Public Distribution/Dissemination
i360				M M / D / Y Y Y Y
Mailing Address B O Box 27046			— L	05 21 2020
P.O. Box 37046			Amou	unt
City	State	Zip Code	$ \Gamma$	278.30
Baltimore	MD	21297-3046		saction ID : SE.16967
Purpose of Expenditure Dialer Access, originally reported as estimate of \$375, this is actual  Category/ Type				of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate:		Support	Office Soug	ht: X House District: 22
KULKARNI, SRI PRESTON, , ,		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	2044.19	Disburseme 2020	nt For:
Full Name of Payee		<b>✗</b> Memo	Item Date	of Public Distribution/Dissemination
i360			_ I _ r	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address P.O. Box 37046				
			Amou	ınt
City	State	Zip Code		139.15
Baltimore	MD	21297-3046		saction ID : SE.16977 of Disbursement or Obligation
Purpose of Expenditure Dialer Access, originally reported as estimate of \$187.50, this is actual		Category/ Type	05 / D D / Y Y Y Y Y Z 2020	
Name of Federal Candidate:		<b>✗</b> Support	Support Office Sought:   Oppose President Senate State:   TX	
WALL, KATHALEEN, , ,		Oppose		
Calendar Year-To-Date Per Election for Office Sought	7 T	2044.18	Disbursement 2020	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				
(b) SUBTOTAL of Unitemized Independent Expenditu	res		• <u> </u>	
(c) TOTAL Independent Expenditures			· •	8560.71
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Gross, Jennifer, , ,	Electronically Fil	ed1	M = M /	D D / Y T Y T Y T Y T Y T Y T Y T Y T Y T Y
Signature	zaca omeuny Fu	_ Date	9 06	19 2020